

Regulatory Analysis Form

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INDEPENDENT REGULATORY
REVIEW COMMISSION

IRRC Number: 2701.

(1) Agency
**Department of State, Bureau of Professional and Occupational
Affairs, State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors**

(2) I.D. Number (Governor's Office Use)
16A-6911

(3) Short Title
Code of Ethical Practice and Standards of Professional Conduct

(4) PA Code Cite
49 Pa. Code §§47.70, 48.70, 49.70

(5) Agency Contacts & Telephone Numbers

Primary Contact: **Beth Sender Michlovitz, Counsel
State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors (717)783-7200**

Secondary Contact: **Joyce McKeever, Deputy Chief
Counsel, Regulatory Review (717)783-1088**

(6) Type of Rulemaking (check one)
Policy Statement
 Proposed Rulemaking
 Final Order Adopting Regulation
 Final, Proposed Omitted

(7) Is a 120-Day Emergency Certification
Attached?
 No
 Yes: By the Attorney General
 Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

The proposed regulations set forth standards pertaining to the responsibility of a licensee to clients/patients. These responsibilities include: competency; providing services through informed consent; respecting the client's/patient's confidentiality and privacy; the proper way of terminating services; prohibition of sexual harassment and discrimination; and the proper conduct between a licensee and the client/patient.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

The regulations would implement section 6(2) of the Social Workers, Marriage and Family Therapists and Professional Counselors Act (63 P.S. §1906(2)) by providing for standards of professional practice and conduct for licensed social workers, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors.

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(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

Section 6(2) of the act authorizes the Board to adopt rules and regulations establishing standards of professional practice and conduct for licensees.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

There is a compelling public interest in requiring licensees to comply with standards of professional practice and ethical conduct.

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

Absent these additions, the Board would find it difficult to discipline a licensee for violating section 11(a)(7) of the act (63 P.S. § 1911(a)(7) for violating regulations pertaining to standards of professional practice and conduct. In addition, without these additions, licensees would not be on notice as to what standards of professional practice and conduct they must adhere to.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

All licensees will benefit from the regulations by providing notice of the standards of professional practice and conduct that they must adhere to. Also, consumers of social work, clinical social work, marriage and family therapy and professional counseling services would benefit from these regulations by being protected from licensees who practice unethically.

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(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

There are no perceived people or groups of people who would be adversely affected by this regulation.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

All licensed social workers, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors would be required to comply with the regulations. There are currently 5,178 licensed social workers, 2,860 licensed clinical social workers, 301 licensed marriage and family therapists and 2,7028 licensed professional counselors.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

Prior to drafting this proposed regulation, the Board invited interested associations and colleges and universities to comment on a preliminary draft. The Board reviewed and considered all comments and suggestions received by interested parties during the regulatory development process. The interested associations, colleges, universities and individuals included the following: National Association of Social Workers; ASWB; PA Alliance of Counseling Professionals; Council on Social Work Education; Pa Society for Clinical Social Work; University of Scranton; University of Southern Maine; American Association of State Counseling Boards; American Association of Marriage and Family Therapy; Pennsylvania Social Work Coalition; Pennsylvania Catholic Conference; California University of Pennsylvania; Indiana University of Pennsylvania; Millersville University of Pennsylvania; Shippensburg University of Pennsylvania; Slippery Rock University of Pennsylvania; West Chester University of Pennsylvania; Pennsylvania State University; University of Pittsburgh; Drexel University ; University of Pennsylvania; Beaver College; Bucknell University; Eastern College; Gwynedd-Mercy College; Immaculata College; Lehigh University; Marywood University; Philadelphia College of Bible; Philadelphia University; Villanova University; and Dr. Edward W. Sites, Professor, School of Social Work, University of Pittsburgh.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

There should be no costs or savings associated with complying with these regulations.

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(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

There are no costs or savings to local governments resulting from the regulations.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

There are no costs to state government in implementing these regulations.

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(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:	\$N/A	\$N/A	\$N/A	\$N/A	\$N/A	\$N/A
Regulated Community						
Local Government						
State Government						
Total Savings						
COSTS:						
Regulated Community						
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

See items 17, 18 and 19.

Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

N/A

Program	FY -3	FY -2	FY -1	Current FY
State Board of Social Workers, Marriage and Family Therapists and Professional Counselors	\$349,932.98	\$389,900.13	\$475,000.00	\$490,000.00

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

There should be no adverse effects and costs associated with compliance with the regulation. See, paragraphs (11) and (13) for benefits.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

Because the promulgation of these additions are authorized by section 6(a)(2) of the act, nonregulatory alternatives would not be an option.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No alternative regulatory schemes were considered.

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(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

There are no federal licensure standards.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

The neighboring states of New York, New Jersey, Ohio, Maryland and Delaware have regulations pertaining to professional conduct and codes of ethics. Thus, this regulation is consistent with other states and will not put Pennsylvania at a competitive disadvantage.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

This regulation would not affect existing or proposed regulations of the Board or other agencies.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

The Board holds bi-monthly public meetings at which information relative to all rulemaking is discussed. Meetings are held in the Board's offices at 2601 North 3rd Street, Harrisburg, PA. A schedule of Board meeting dates is available on the Department of State's website at www.dos.state.pa.us.

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(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

No.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

The Board is aware of no special needs of any subset or group which should be excepted.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The regulation will be effective upon its final-form publication in the Pennsylvania Bulletin. Enforcement will be required as of that date.

(31) Provide the schedule for continual review of the regulation.

The Board continuously reviews its regulations, periodically communicates with licensees through newsletters and obtains information and feed-back from its licensees on a frequent basis.

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INDEPENDENT REGULATORY
REVIEW COMMISSION

(Pursuant to Commonwealth Documents Law)

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form and legality. Attorney General

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Executive or Independent
Agencies.

BY: Amy M. Elliott
(DEPUTY ATTORNEY GENERAL)

**State Board of Social Workers,
Marriage and Family Therapists
and Professional Counselors**
(AGENCY)

BY: Andrew C. Clark
Andrew C. Clark

MAY 19 2008

DATE OF APPROVAL

DOCUMENT/FISCAL NOTE NO. 16A-6911

DATE OF ADOPTION

BY:

Ronald E. Hays
Ronald E. Hays

APR 17 2008

DATE OF APPROVAL

(Deputy General Counsel
(Strike inapplicable
title)

TITLE: Chairperson
(EXECUTIVE OFFICER, CHAIRMAN OR CHAIRPERSON)

Check if applicable
Copy not approved.
Objections attached.

Check if applicable. No
Attorney General approval or
objection within 30 day after
submission.

**PROPOSED RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF SOCIAL WORKERS, MARRIAGE
AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS
49 PA. CODE, CHAPTERS 47, 48 and 49
Code of Ethical Practice and Standards of Professional Conduct**

The State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (Board) proposes to add §§ 47.70, 48.70 and 49.70 (relating to code of ethical practice and professional conduct) to read as set forth in Annex A. The additions would establish a code of ethical practice and standards of professional conduct for social workers, clinical social workers, marriage and family therapists and professional counselors.

Effective Date

The amendments will be effective upon publication of the final-form rulemaking in the Pennsylvania Bulletin.

Statutory Authority

The amendments are authorized under section 6(2) of the Social Workers, Marriage and Family Therapists and Professional Counselors Act (act) (63 P.S. §1906(2)).

Background and Purpose

Section 6(2) of the act authorizes the Board to adopt rules and regulations establishing standards of professional practice and conduct for licensed social workers, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors in this Commonwealth. The Board, through this rulemaking, is implementing section 6(2) of the act.

In developing this code of ethical conduct and standards of professional practice, the Board looked at codes of conduct established by professional association and organizations as well as other state codes. In particular, the Board modeled these regulations after codes of conduct and professional practice adopted by the following associations and organizations: the National Association of Social Workers (NASW); the Clinical Social Work Federation (CSWF); the Pennsylvania State Board of Psychology; the American Association for Marriage and Family Therapy (AAMFT); the National Board for Certified Counselors (NBCC); the Professional Counseling Board (PCB); the Commission on Rehabilitation Counselor Certification (CRCC); and the American Psychological Association (APA). In addition, the Board looked at standards promulgated by other state licensing boards.

Description

Sections 47.70, 48.70 and 49.70 explain that this code of ethical practice and professional conduct constitutes the standards by which the licensee shall be measured and that violations of these standards is sufficient reason for the Board to take disciplinary action against a licensee.

The proposed regulations set forth standards pertaining to the responsibility of a licensee to clients/patients. These responsibilities include: competency; informed consent; proper delegation; confidentiality and privacy; manner of terminating services; prohibition of sexual harassment and discrimination; and proper conduct between a licensee and the client/patient.

The proposed regulations also address multiple relationships affecting the licensee's judgment. In particular, §§ 47.70(c), 48.70(c) and 49.70(c) explain that a licensee should avoid multiple relationships and conflicts of interest with any client/patient which could impair professional judgment or increases the risk of client/patient exploitation.

Sections 47.70(d), 48.70(d) and 49.70(d) prohibit a licensee from undertaking or continuing professional relationships with a client, supervisee or student when objectivity or competency of the licensee is or could reasonably be expected to be impaired due to mental, emotional, physiological, pharmacological or substance abuse conditions.

Sections 47.70(e), 48.70(e) and 49.70(e) address standards of conduct relating to research and publication. This includes research responsibility, informed consent, reporting results and publication.

Sections 47.70(f), 48.70(f) and 49.70(f) provide guidance to licensees related to payment for services. Sections 47.70(g), 48.70(g) and 49.70(g) pertain to record keeping. These provisions require that licensees keep records of the dates of services, types of services, termination and billing information. They also require that records be maintained by the licensee for 5 years except for records held or owned by government agencies or educational institutions.

Sections 47.70(h), 48.70(h) and 49.70(h) pertain to mandatory reporting and require that all licensees, supervisors and trainees have a responsibility to report any alleged violations of these rules to the Board. Sections 47.70(i), 48.70(i) and 49.70(i) require licensees to notify the Board of any changes of name or address. Sections 47.70(j), 48.70(j) and 49.70(j) require licensees to engage in appropriate advertising and to accurately represent their competencies, education, training and experience relevant to their professional practice.

Fiscal Impact and Paperwork Requirements

The proposed amendments will have no fiscal impact and impose no additional paperwork requirements on the Board or its licensees.

The proposed amendments should not impose any legal, accounting or reporting requirements on the regulated community.

Compliance with Executive Order 1996-1

The Board reviewed this rulemaking and considered its purpose and likely impact upon the public and regulated population under the directives of Executive Order 1996-1, Regulatory Review and Promulgation. The Board solicited pre-draft input regarding these proposed amendments from licensees, professional associations and educational programs. The Board received seven comments to the draft. The Board considered these comments in developing the proposed rulemaking.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on June 4, 2008, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC), and the chairpersons of the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) and the House Professional Licensure Committee (HPLC). A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act (71 P.S. § 745.5(g)), IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to publication of the final rulemaking, by the Board, the General Assembly, and the Governor of comments, recommendations or objections raised.

Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding the proposed amendments to Sandra Matter, Administrative Assistant, State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, P. O. Box 2649, Harrisburg, PA 17105-2649, within 30 days of publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Please reference No.16A-6911, Standards of Professional Conduct, when submitting comments.

Ronald Hays, Chairperson

ANNEX A
PENNSYLVANIA ADMINISTRATIVE CODE
TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS
PART I. DEPARTMENT OF STATE
Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS
CHAPTER 47. STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND
FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

* * * * *

CODE OF ETHICAL PRACTICE AND
STANDARDS OF PROFESSIONAL CONDUCT

§ 47.70. Code of ethical practice and professional conduct.

(a) Application of the code. This code of ethical practice and professional conduct constitutes the standards by which the professional conduct of licensed social workers and licensed clinical social workers will be measured.

(1) This code of ethical practice and professional conduct applies to the conduct of all licensees.

(2) A violation of this code of ethical practice and professional conduct constitutes unprofessional conduct and subjects the licensed social worker or licensed clinical social worker to disciplinary action under section 11 of the act (63 P.S. § 1911).

(3) The Board subscribes to the codes of ethics and practice standards promulgated by the National Association of Social Workers, the Pennsylvania Society for Clinical Social Work and the Association of State Social Work Boards and the Board will use these codes and standards as aids in resolving ambiguities which may arise in the interpretation of this section, except that whenever any conflict exists between this section and the professional associations' codes and standards, this section shall prevail.

(b) Responsibility to clients/patients.

(1) Competency.

(i) Licensees shall not misrepresent directly, indirectly or by implication their professional qualifications such as education, specialized training, experience, or area or areas of competence.

(ii) Licensees may practice only within the competency areas for which they are qualified by education, training or experience.

(iii) Licensees shall maintain appropriate standards of care. The appropriate standard of care is defined as what an ordinary, reasonable professional with similar training would have done in a similar circumstance.

(iv) Licensees shall make appropriate referrals when the client's/patient's needs exceed the licensee's competence level. The referrals must be made in a timely manner.

(2) Informed consent.

(i) Licensees shall inform clients/patients in writing of the extent and nature of services available to them, as well as the limits, rights, opportunities and obligations associated with the services to be provided which might affect the clients'/patients' decisions to enter into or continue the relationship.

(ii) Licensees shall provide services to clients/patients only in the context of a professional relationship based on valid informed consent. Licensees shall use clear and understandable language to inform

clients/patients of the purposes of services, limits to the services due to legal requirements, relevant costs, reasonable alternatives, the clients'/patients' rights to refuse or withdraw consent and the time frame covered by the consent.

(iii) In instances where the client/patient is unable to read or understand the consent document or has trouble understanding the primary language contained in the informed consent document, licensees shall take steps to ensure the client's/patient's comprehension including providing a detailed verbal explanation or arranging for a qualified interpreter or translator, as needed. If a client/patient is not competent to provide informed consent because of age or mental condition, the licensee shall obtain consent from the client's/patient's parent, guardian or court-appointed representative.

(iv) When a client/patient is receiving services involuntarily, licensees shall provide information about the nature and extent of the services and about the client's/patient's rights to the client's/patient's parent, guardian or court-appointed representative.

(v) Licensees who provide services via electronic means shall inform the client/patient of the limitations and risks associated with such services.

(3) *Delegation.* A licensee shall not delegate professional responsibilities to another person when the licensee delegating the responsibilities

knows or has reason to know that the other person is not qualified by training, experience or licensure to perform those responsibilities.

(4) Confidentiality and privacy.

(i) Licensees shall have a primary obligation to protect the client's/patient's right to confidentiality and privacy as established by law and the professional standards of practice. Confidential and private information shall only be revealed to others when the client/patient, or other person legally authorized to give consent on behalf of the client/patient, has given informed consent, except in those circumstances in which failure to do so would violate other laws or result in clear and present danger to the client/patient or others. Unless specifically contraindicated by such situations, a client/patient shall be informed and written consent shall be obtained before the confidential and private information is revealed.

(ii) Licensees shall discuss with clients/patients and the client's/patient's legally authorized representatives, the nature of confidentiality and the limitation of the clients'/patients' right to confidentiality. Licensees shall review with clients/patients circumstances when confidential information may be requested and when disclosure of confidential information is legally required. This discussion should occur as soon as possible in the professional relationship and as needed throughout the course of the relationship.

(iii) When licensees provide services to families, couples or groups, licensees should seek agreement among the parties involved concerning each individual's right to confidentiality and obligations to preserve the confidentiality of information shared by others. Licensees shall inform participants in family, group or couples counseling that the licensee cannot guarantee that all participants will honor such agreements. In the context of couple, family or group treatment, the licensee may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

(iv) Licensees shall take reasonable steps to protect the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology.

(5) Termination. Licensees shall terminate services only after giving careful consideration to factors affecting the relationship and making effort to minimize possible adverse effects. If an interruption or termination of services is anticipated, reasonable notification and appropriate referral for continued services shall be provided to the client/patient.

(6) Sexual harassment.

(i) Licensees shall not sexually harass clients/patients or family members of clients/patients.

(ii) Licensees shall not sexually harass supervisees, students, trainees, employees, research subjects or colleagues.

(iii) Sexual harassment includes unwanted sexual advances, sexual solicitation, requests for sexual favors and other verbal, visual or physical conduct of a sexual nature.

(7) *Discrimination.* Licensees shall not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, ethnicity, religion, national origin, color, gender, sexual orientation, age, socio-economic level, marital status, political belief, veteran status, or mental or physical impairment.

(8) *Conduct with clients/patients.*

(i) Licensees shall not physically or verbally abuse or threaten clients/patients or family members of clients/patients.

(ii) Licensees shall not use derogatory language in their written or verbal communications to or about clients/patients. Licensees shall use accurate and respectful language in all communications to and about clients/patients.

(c) *Dual or multiple relationships affecting the licensee's judgment.*

(1) A licensee shall avoid dual or multiple relationships and conflicts of interest with any client/patient which could impair the licensee's professional judgment or increases the risk of client/patient exploitation. Dual or multiple relationships occur when the licensee relates to clients/patients in more than one relationship, whether professional, social or business. Dual or multiple

relationships can occur simultaneously or consecutively. The licensee shall not undertake or continue a professional relationship with a client/patient, supervisee or student when the objectivity or competency of the licensee is, or could reasonably be expected to be, impaired or where the relationship with the client/patient, supervisee or student is exploitative. The licensee should be particularly aware that familial, social, emotional, financial, supervisory, political, administrative and legal relationships with a client/patient or a person related to or associated with the client/patient must be carefully considered to insure that impaired judgment or exploitation is not involved.

(2) Licensees must always be sensitive to the potentially harmful effects of other contacts on their practice and on those persons with whom they deal. A licensee shall refrain from entering into, or promising another to enter into, personal, scientific, professional or other relationships with another person if it appears or should appear likely that the relationship might reasonably impair the licensee's objectivity or otherwise interfere with the licensee's effectiveness as a licensed social worker or licensed clinical social worker or might harm or exploit the other party.

(3) When a dual or multiple relationship cannot be avoided, a licensee shall take reasonable professional precautions, such as informed consent, consultation, supervision and documentation, to ensure that judgment is not impaired and that no exploitation occurs.

(4) If a licensee finds that, due to unforeseen factors, a potentially harmful dual or multiple relationship has arisen with a client/patient, the licensee shall

attempt to resolve it with due regard for the best interests of the client/patient and maximum compliance with the act and this chapter.

(5) When a licensee provides services to two or more people who have a relationship with each other, such as couples or family members, the licensee shall clarify with all parties which individuals will be considered clients/patients and nature of the licensee's professional obligation to the various individuals who are receiving services. A licensee who anticipates a conflict of interest among the individuals receiving services or who anticipates having to perform in potentially conflicting roles, such as a licensee who is asked or ordered to testify in a child custody dispute or divorce proceeding involving clients/patients, shall clarify the roles with the parties involved and take reasonable action to minimize any conflict of interest.

(d) *Impaired practice.* A licensee shall not undertake or continue a professional relationship with a client/patient, supervisee or student when the objectivity or competency of the licensee is, or could reasonably be expected to be, impaired due to mental, emotional, physiological, pharmacological or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the licensee shall terminate the professional relationship in an appropriate manner and shall, either himself or through an appropriate designee, notify the client/patient of the termination in writing and assist the client/patient in obtaining services from another professional.

(e) *Research and publication.*

(1) *Research responsibilities.*

(i) Use of human subjects. Licensees shall plan, design, conduct and report research in a manner consistent with pertinent ethical principles, Federal and State laws, host institutional rules and scientific standards governing research with human subjects. Licensees shall conduct research that reflects cultural sensitivity appropriateness.

(ii) Deviation from standard practice. Licensees shall seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.

(iii) Precautions to avoid injury. Licensees who conduct research with human subjects are responsible for the subjects' welfare throughout the experiment and shall take reasonable precautions to avoid causing injurious psychological, physical or social effects to the subjects. Licensees shall warn subjects of any possible harm that might come from being involved in a research project.

(iv) Principal researcher responsibility. The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.

(v) Minimal interference. Licensees shall take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research.

(vi) Diversity. Licensees shall be sensitive to diversity and research issues with special populations and shall seek consultation when a reasonable researcher would consider it appropriate.

(2) Informed consent.

(i) Topics disclosed. In obtaining informed consent for research, licensees shall use language that is understandable to research participants and that:

(A) Accurately explains the purpose and procedures to be followed.

(B) Identifies any procedures that are experimental or relatively untried.

(C) Describes the attendant discomforts and risks.

(D) Describes the benefits or changes in individuals or organizations that might be reasonably expected.

(E) Discloses appropriate alternative procedures that would be advantageous for the subject.

(F) Offers to answer any inquiries concerning the procedures.

(G) Instructs that subjects are free to withdraw their consent and discontinue participation in the project at any time.

(ii) Prohibition of Deception. The methodological requirements of research study shall not include concealment, deception or minimal risk to participants.

(iii) Voluntary participation. Licensees shall assure that participation in research is voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation. A research procedure must not be used if it is likely to cause serious or lasting harm to a participant. Ethical practice requires the investigator to respect the individual's freedom to decline to participate in, or withdraw from, research and to so inform prospective participants. The obligation to protect this freedom requires special vigilance when a licensee is, in any manner, in a position of authority over the participant. It is unethical to penalize a participant in any way for withdrawing from or refusing to participate in a research project.

(iv) Confidentiality of information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants by the licensee as part of the procedure for obtaining informed consent.

(v) Persons incapable of giving informed consent. When a person is not capable of giving informed consent, licensees shall provide an appropriate explanation, obtain agreement for participation and obtain informed consent from a legally authorized person.

(vi) Commitments to participants. Licensees shall take reasonable measures to honor all commitments to research participants.

(vii) Explanations after data collections. After data are collected, licensees shall provide participants with full clarifications of the nature of the study to remove any misconceptions. When scientific or human values justify delaying or withholding information, licensees shall take reasonable measures to avoid causing harm.

(viii) Agreements to cooperate. Licensees who agree to cooperate with another individual in research or publication shall cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

(ix) Informed consent for sponsors. In the pursuit of research, licensees shall give sponsors, institutions and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Licensees must be aware of their obligation to future research workers and shall ensure that host institutions are given feedback information and proper acknowledgment.

(3) Reporting results.

(i) Information affecting outcome. When reporting research results, licensees shall explicitly mention all variables and conditions known to the licensee that may have affected the outcome of a study or the interpretation of the data.

(ii) Accurate results. Licensees shall plan, conduct and report research accurately and in a manner that minimizes the possibility that results will be misleading and shall provide thorough discussions of the limitations of their data and alternative hypotheses. Licensees may not engage in fraudulent research, distort data, misrepresent data or deliberately bias their results.

(iii) Obligation to report unfavorable results. Licensees shall communicate to other licensees the results of any research judged to be of professional value.

(iv) Identity of subjects. Licensees who supply data, aid in the research of another person, report research results or make original data available shall take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise.

(v) Replication studies. Licensees shall make available sufficient original research data to qualified professionals who may wish to replicate the study.

(4) Publication.

(i) Recognition of others. When conducting and reporting research, licensees shall be familiar with, and give recognition to, previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

(ii) Contributors. Licensees shall give credit through joint authorship, acknowledgement, footnote statements or other appropriate

means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor shall be listed first and minor technical or professional contributions may be acknowledged in notes or introductory statements.

(iii) Student research. For an article that is substantially based on a student's dissertation or thesis, the student shall be listed as the principal author.

(iv) Duplicate submission. Licensees shall submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in a journal or published work may not be submitted for publication to another journal without acknowledgment and permission from the previous publication.

(v) Professional review. Licensees who review material submitted for publication, research or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it.

(f) Payment for services.

(1) When setting fees, licensees shall ensure that the fees are fair, reasonable and commensurate with the services performed.

(2) Licensees shall not accept goods or services as payment for professional services.

(3) Licensees shall make financial arrangements with clients/patients, third-party payors and supervisees that are reasonably understandable and conform to accepted professional practices.

(4) Prior to entering into the therapeutic or supervisory relationship, a licensee should clearly disclose and explain to clients/patients and supervisees the following:

(i) All financial arrangements and fees related to professional services, including charges for canceled or missed appointments.

(ii) The use of collection agencies or legal measures for nonpayment.

(iii) The procedure for obtaining payment from the client/patient, to the extent allowed by law, if payment is denied by the third-party payor.

(5) Once services have begun, licensees shall provide reasonable notice of any changes in fees or other charges.

(6) Licensees shall give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, licensees shall not disclose clinical information.

(7) Licensees shall represent facts truthfully to clients, third-party payors and supervisees regarding services rendered.

(8) Licensees shall not withhold records under their immediate control that are requested and needed for a client's/patient's treatment solely because payment has not been received for past services, except as otherwise provided by law.

(g) Record keeping.

(1) For each client/patient, a licensee shall keep records of the dates of social work services, types of social work services, termination and billing information.

(2) Records kept by the licensee shall be retained for 5 years from the date of the last entry. Records held or owned by government agencies or educational institutions are not subject to this requirement.

(3) Licensees shall take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(4) Licensees shall include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to the client/patient in the future.

(5) Licensees' documentation should protect clients'/patients' privacy to the extent that it is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(6) Licensees shall store records following termination of services to ensure reasonable future access. Records shall be maintained as required by paragraph (2) unless a longer retention period is otherwise required by statute or relevant contracts.

(7) Licensees shall provide a client/patient with reasonable access to records concerning the client/patient. Licensees who are concerned that clients'/patients' access to their records could cause serious misunderstanding or harm to the client/patient should provide assistance in interpreting the records and consultation with the client/patient regarding the records. Licensees should limit clients'/patients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client/patient. Both the clients'/patients' requests

and the rationale for withholding some or all of the records shall be documented in the clients'/patients' files. When providing clients/patients with access to their records, licensees shall take steps to protect the confidentiality of other individuals identified or discussed in such records.

(8) In the event of the licensee moving from the area or closing the licensee's practice, a licensee shall arrange for the storage, transfer or disposal of client/patient records in ways that maintain confidentiality and safeguard the welfare of clients/patients.

(h) *Mandatory reporting.*

(1) All licensees, supervisors and trainees have a responsibility to report any alleged violations of the act or this chapter to the Board. If a licensee has knowledge or reason to suspect that a colleague or other licensee is incompetent, impaired or unethical, the licensee shall report that practitioner to the Board.

(2) Licensees shall comply with all mandatory reporting requirements set forth in this chapter, including §§ 47.51- 47.57 (related to child abuse reporting requirements).

(i) *Notice of name and address change.* All licensees shall notify the Board within 30 days of any changes of name or mailing information to ensure that the Board has the licensee's current name and mailing address. Failure to do so may result in disciplinary action by the Board.

(j) *Advertising.*

(1) Licensees shall engage in appropriate informational activities, including those that enable the public, referral sources or others to choose professional services on an informed basis.

(2) Licensees shall accurately represent their competencies, education, training and experience relevant to their professional practice.

(3) Licensees shall ensure that advertisements and publications in any media, such as directories, announcements, business cards, newspapers, radio, television, internet and facsimiles, convey information that is necessary for the public to make an appropriate selection of professional services. This information may include the following:

(i) Office information, such as name, address, telephone number and credit card acceptability.

(ii) Earned degrees and state or provincial licensures or certifications.

(iii) Professional association member status.

(iv) Description of practice.

(4) Licensees shall not use names that could mislead the public concerning the identity, responsibility, source or status of those practicing under that name, and shall not hold themselves out as being partners or associates of a firm if they are not partners or associates of the firm.

(5) Licensees shall not use any professional identification, such as a business card, office sign, letterhead, internet, or telephone or association

directory listing, if it includes a statement or claim that is false, fraudulent, misleading or deceptive.

(6) In representing their educational qualifications, licensees shall list and claim only those earned degrees from institutions accredited by regional accreditation sources recognized by the United States Department of Education, from institutions recognized by states or provinces that license or certify the licensee, or from equivalent foreign institutions.

(7) The licensee shall correct, whenever possible, false, misleading or inaccurate information and representations made by others concerning the licensee's qualifications, services or products.

(8) Licensees shall make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading or deceptive.

(9) Licensees shall not represent themselves as providing specialized services unless they have the required education, training or supervised experience.

CHAPTER 48. STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND
FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS ---

LICENSURE OF MARRIAGE AND FAMILY THERAPISTS

* * * * *

CODE OF ETHICAL PRACTICE AND

STANDARDS OF PROFESSIONAL CONDUCT

§ 48.70. Code of ethical practice and professional conduct.

(a) This code of ethical practice and professional conduct constitutes the standards by which the professional conduct of licensed marriage and family therapists will be measured.

(1) This code of ethical practice and professional conduct applies to the conduct of all licensees.

(2) A violation of this code of ethical practice and professional conduct constitutes unprofessional conduct and subjects the licensed marriage and family therapist to disciplinary action under section 11 of the act (63 P.S. § 1911).

(3) The Board subscribes to the codes of ethics and practice standards for licensees promulgated by the National Board for Certified Counselors, Inc., the Commission on Rehabilitation Counselor Certification, the Certification Board for Music Therapists, the American Dance Therapy Association and the American Association for Marriage and Family Therapy and the Board will use these codes and standards as aids in resolving ambiguities which may arise in the interpretation of this section, except that whenever any conflict exists between this section and the professional associations' codes and standards, this section shall prevail.

(b) Responsibility to clients/patients.

(1) Competency.

(i) Licensees shall not misrepresent directly, indirectly or by implication their professional qualifications such as education, specialized training, experience, or area or areas of competence.

(ii) Licensees may practice only within the competency areas for which they are qualified by education, training or experience.

(iii) Licensees shall maintain appropriate standards of care. The appropriate standard of care is defined as what an ordinary, reasonable professional with similar training would have done in a similar circumstance.

(iv) Licensees shall make appropriate referrals when the client's/patient's needs exceed the licensee's competence level. The referrals must be made in a timely manner.

(2) Informed consent.

(i) Licensees shall inform clients/patients in writing of the extent and nature of services available to them, as well as the limits, rights, opportunities and obligations associated with the services to be provided which might affect the clients/patients of services decisions to enter into or continue the relationship.

(ii) Licensees shall provide services to clients/patients only in the context of a professional relationship based on valid informed consent. Licensees shall use clear and understandable language to inform

clients/patients of the purposes of services, limits to the services due to legal requirements, relevant costs, reasonable alternatives, the clients'/patients' rights to refuse or withdraw consent and the time frame covered by the consent.

(iii) In instances where the client/patient is unable to read or understand the consent document or has trouble understanding the primary language contained in the informed consent document, licensees must take steps to ensure the client's/patient's comprehension including providing a detailed verbal explanation or arranging for a qualified interpreter or translator, as needed. If a client/patient is not competent to provide informed consent because of age or mental condition, the licensee shall obtain consent from the client's/patient's parent, guardian or court appointed representative.

(iv) When a client/patient is receiving services involuntarily, licensees shall provide information about the nature and extent of the services and about the client's/patient's rights to the client's/patient's parent, guardian or court appointed representative.

(v) Licensees who provide services via electronic means shall inform the clients/patients of the limitations and risks associated with such services.

(3) Delegation. A licensee shall not delegate professional responsibilities to another person when the licensee delegating the responsibilities knows or has

reason to know that the other person is not qualified by training, experience or licensure to perform those responsibilities.

(4) Confidentiality and privacy.

(i) Licensees shall have a primary obligation to protect the client's/patient's right to confidentiality and privacy as established by law and the professional standards of practice. Confidential and private information shall only be revealed to others when the client/patient or other person legally authorized to give consent on behalf of the client/patient, has given informed consent, except in those circumstances in which failure to do so would violate other laws or result in clear and present danger to the client/patient or others. Unless specifically contraindicated by such situations, a client/patient shall be informed and written consent shall be obtained before the confidential and private information is revealed.

(ii) Licensees shall discuss with clients/patients and the client's/patient's legally authorized representatives, the nature of confidentiality and the limitation of the clients'/patients' right to confidentiality. Licensees shall review with clients/patients circumstances when confidential information may be requested and when disclosure of confidential information is legally required. This discussion should occur as soon as possible in the professional relationship and as needed throughout the course of the relationship.

(iii) When licensees provide services to families, couples or groups, licensees should seek agreement among the parties involved concerning each individual's right to confidentiality and obligations to preserve the confidentiality of information shared by others. Licensees shall inform participants in family, group or couples counseling that the licensee cannot guarantee that all participants will honor such agreements. In the context of couple, family or group treatment, the licensee may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

(iv) Licensees shall take reasonable steps to protect the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology.

(5) Termination. Licensees shall terminate services only after giving careful consideration to factors affecting the relationship and making effort to minimize possible adverse effects. If an interruption or termination of services is anticipated, reasonable notification and appropriate referral for continued services shall be provided to the client/patient.

(6) Sexual harassment.

(i) Licensees shall not sexually harass clients/patients or family members of clients/patients.

(ii) Licensees shall not sexually harass supervisees, students, trainees, employees, research subjects or colleagues.

(iii) Sexual harassment includes unwanted sexual advances, sexual solicitation, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature.

(7) *Discrimination.* Licensees shall not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, ethnicity, religion, national origin, color, gender, sexual orientation, age, socio-economic level, marital status, political belief, veteran status, or mental or physical impairment.

(8) *Conduct with clients/patients.*

(i) Licensees shall not physically or verbally abuse or threaten clients/patients or family members of clients/patients.

(ii) Licensees shall not use derogatory language in their written or verbal communications to or about clients/patients. Licensees shall use accurate and respectful language in all communications to and about clients/patients.

(c) *Dual or multiple relationships affecting the licensee's judgment.*

(1) A licensee shall avoid dual or multiple relationships and conflicts of interest with any client/patient which could impair the licensee's professional judgment or increase the risk of client/patient exploitation. Dual or multiple relationships occur when the licensee relates to clients/patients in more than one relationship, whether professional, social or business. Dual or multiple

relationships can occur simultaneously or consecutively. The licensee shall not undertake or continue a professional relationship with a client/patient, supervisee or student when the objectivity or competency of the licensee is, or could reasonably be expected to be, impaired or where the relationship with the client/patient, supervisee or student is exploitative. The licensee should be particularly aware that familial, social, emotional, financial, supervisory, political, administrative, and legal relationships with a client/patient or a person related to or associated with the client/patient must be carefully considered to insure that impaired judgment or exploitation is not involved.

(2) Licensees must always be sensitive to the potentially harmful effects of other contacts on their practice and on those persons with whom they deal. A licensee shall refrain from entering into, or promising another to enter into, personal, scientific, professional, or other relationships with another person if it appears or should appear likely that such a relationship might reasonably impair the professional's objectivity or otherwise interfere with the licensee's effectiveness as a licensed marriage and family therapist or might harm or exploit the other party.

(3) When a dual or multiple relationship cannot be avoided, a licensee shall take reasonable professional precautions, such as informed consent, consultation, supervision and documentation, to ensure that judgment is not impaired and that no exploitation occurs.

(4) If a licensee finds that, due to unforeseen factors, a potentially harmful dual or multiple relationship has arisen with a client/patient, the licensee

shall attempt to resolve it with due regard for the best interests of the client/patient and maximum compliance with the act and this chapter.

(5) When a licensee provides services to two or more people who have a relationship with each other, such as couples or family members, the licensee shall clarify with all parties which individuals will be considered clients/patients and the nature of the licensee's professional obligation to the various individuals who are receiving services. A licensee who anticipates a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles, such as a licensee who is asked or ordered to testify in a child custody dispute or divorce proceeding involving clients/patients, shall clarify the roles with the parties involved and take reasonable action to minimize any conflict of interest.

(d) *Impaired practice.* A licensee shall not undertake or continue a professional relationship with a client/patient, supervisee or student when the objectivity or competency of the licensee is or could reasonably be expected to be impaired due to mental, emotional, physiological, pharmacological or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the licensee shall terminate the professional relationship in an appropriate manner and shall, either himself or through an appropriate designee, notify the client/patient of termination in writing and assist the client/patient in obtaining services from another professional.

(e) *Research and publication.*

(1) *Research responsibilities.*

(i) Use of human subjects. Licensees shall plan, design, conduct and report research in a manner consistent with pertinent ethical principles, Federal and State laws, host institutional rules and scientific standards governing research with human subjects. Licensees shall conduct research that reflects cultural sensitivity appropriateness.

(ii) Deviation from standard practice. Licensees shall seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.

(iii) Precautions to avoid injury. Licensees who conduct research with human subjects are responsible for the subjects' welfare throughout the experiment and shall take reasonable precautions to avoid causing injurious psychological, physical or social effects to their subjects. Licensees shall warn subjects of any possible harm that might come from being involved in a research project.

(iv) Principal researcher responsibility. The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.

(v) Minimal interference. Licensees shall take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research.

(vi) Diversity. Licensees shall be sensitive to diversity and research issues with special populations and shall seek consultation when a reasonable researcher would consider it appropriate.

(2) Informed consent.

(i) Topics disclosed. In obtaining informed consent for research, licensees shall use language that is understandable to research participants and that:

(A) Accurately explains the purpose and procedures to be followed.

(B) Identifies any procedures that are experimental or relatively untried.

(C) Describes the attendant discomforts and risks.

(D) Describes the benefits or changes in individuals or organizations that might be reasonably expected.

(E) Discloses appropriate alternative procedures that would be advantageous for the subject.

(F) Offers to answer any inquiries concerning the procedures.

(G) Instructs that subjects are free to withdraw their consent and discontinue participation in the project at any time.

(ii) Prohibition of Deception. The methodological requirements of research study shall not include concealment, deception or minimal risk to participants.

(iii) Voluntary participation. Licensees shall assure that participation in research is voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation. A research procedure must not be used if it is likely to cause serious or lasting harm to a participant. Ethical practice requires the investigator to respect the individual's freedom to decline to participate in, or withdraw from, research and to so inform prospective participants. The obligation to protect this freedom requires special vigilance when a licensee is, in any manner, in a position of authority over the participant. It is unethical to penalize a participant in any way for withdrawing from or refusing to participate in a research project.

(iv) Confidentiality of information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants by the licensee as part of the procedure for obtaining informed consent.

(v) Persons incapable of giving informed consent. When a person is not capable of giving informed consent, licensees shall provide an appropriate explanation, obtain agreement for participation and obtain informed consent from a legally authorized person.

(vi) Commitments to participants. Licensees shall take reasonable measures to honor all commitments to research participants.

(vii) Explanations after data collections. After data are collected, licensees shall provide participants with full clarifications of the nature of the study to remove any misconceptions. When scientific or human values justify delaying or withholding information, licensees shall take reasonable measures to avoid causing harm.

(viii) Agreements to cooperate. Licensees who agree to cooperate with another individual in research or publication shall cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

(ix) Informed consent for sponsors. In the pursuit of research, licensees shall give sponsors, institutions and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Licensees must be aware of their obligation to future research workers and shall ensure that host institutions are given feedback information and proper acknowledgment.

(3) Reporting results.

(i) Information affecting outcome. When reporting research results, licensees shall explicitly mention all variables and conditions known to the licensee that may have affected the outcome of a study or the interpretation of the data.

(ii) Accurate results. Licensees shall plan, conduct and report research accurately and in a manner that minimizes the possibility that results will be misleading and shall provide thorough discussions of the limitations of their data and alternative hypotheses. Licensees may not engage in fraudulent research, distort data, misrepresent data or deliberately bias their results.

(iii) Obligation to report unfavorable results. Licensees shall communicate to other licensees the results of any research judged to be of professional value.

(iv) Identity of subjects. Licensees who supply data, aid in the research of another person, report research results or make original data available shall take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise.

(v) Replication studies. Licensees shall make available sufficient original research data to qualified professionals who may wish to replicate the study.

(4) Publication.

(i) Recognition of others. When conducting and reporting research, licensees shall be familiar with, and give recognition to, previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

(ii) Contributors. Licensees shall give credit through joint authorship, acknowledgement, footnote statements or other appropriate

means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor shall be listed first and minor technical or professional contributions may be acknowledged in notes or introductory statements.

(iii) Student research. For an article that is substantially based on a student's dissertation or thesis, the student shall be listed as the principal author.

(iv) Duplicate submission. Licensees shall submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in a journal or published work may not be submitted for publication to another journal without acknowledgment and permission from the previous publication.

(v) Professional review. Licensees who review material submitted for publication, research or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it.

(f) Payment for services.

(1) When setting fees, licensees shall ensure that the fees are fair, reasonable and commensurate with the services performed.

(2) Licensees shall not accept goods or services as payment for professional services.

(3) Licensees shall make financial arrangements with clients/patients, third-party payors and supervisees that are reasonably understandable and conform to accepted professional practices.

(4) Prior to entering into the therapeutic or supervisory relationship, a licensee should clearly disclose and explain to clients/patients and supervisees the following:

(i) All financial arrangements and fees related to professional services, including charges for canceled or missed appointments.

(ii) The use of collection agencies or legal measures for nonpayment.

(iii) The procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor.

(5) Once services have begun, licensees shall provide reasonable notice of any changes in fees or other charges.

(6) Licensees shall give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, licensees shall not disclose clinical information.

(7) Licensees shall represent facts truthfully to clients, third-party payors and supervisees regarding services rendered.

(8) Licensees shall not withhold records under their immediate control that are requested and needed for a client's/patient's treatment solely because payment has not been received for past services, except as otherwise provided by law.

(g) Record keeping.

(1) For each client/patient, a licensee shall keep records of the dates of marriage and family therapy services, types of marriage and family therapy services, termination and billing information.

(2) Records kept by the licensee shall be retained for 5 years from the date of the last entry. Records held or owned by government agencies or educational institutions are not subject to this requirement.

(3) Licensees shall take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(4) Licensees shall include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(5) Licensees' documentation should protect clients'/patients' privacy to the extent that it is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(6) Licensees shall store records following termination of services to ensure reasonable future access. Records shall be maintained as required by paragraph (2) unless a longer retention period is otherwise required by statute or relevant contracts.

(7) Licensees shall provide a client/patient with reasonable access to records concerning the client/patient. Licensees who are concerned that clients'/patients' access to their records could cause serious misunderstanding or harm to the client/patient should provide assistance in interpreting the records and consultation with the client/patient regarding the records. Licensees should limit

clients'/patients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client/patient. Both the clients'/patients' requests and the rationale for withholding some or all of the records shall be documented in the clients'/patients' files. When providing clients/patients with access to their records, licensees shall take steps to protect the confidentiality of other individuals identified or discussed in such records.

(8) In the event of a licensee moving from the area or closing the licensee's practice, a licensee shall arrange for the storage, transfer or disposal of client/patient records in ways that maintain confidentiality and safeguard the welfare of clients/patients.

(h) *Mandatory reporting.*

(1) All licensees, supervisors and trainees have a responsibility to report any alleged violations of the act or this chapter to the Board. If a licensee has knowledge or reason to suspect that a colleague or other licensee is incompetent, impaired or unethical, the licensee shall report that practitioner to the Board.

(2) Licensees shall comply with all mandatory reporting requirements set forth in this chapter, including §§48.51 – 48.57 (related to child abuse reporting requirements).

(i) *Notice of name and address change.* A licensee shall notify the Board within 30 days of any changes of name or mailing information to ensure that the Board has the licensee's current name and mailing address. Failure to do so may result in disciplinary action by the Board.

(j) Advertising.

(1) Licensees shall engage in appropriate informational activities, including those that enable the public, referral sources or others to choose professional services on an informed basis.

(2) Licensees shall accurately represent their competencies, education, training and experience relevant to their professional practice.

(3) Licensees shall ensure that advertisements and publications in any media, such as directories, announcements, business cards, newspapers, radio, television, internet and facsimiles, convey information that is necessary for the public to make an appropriate selection of professional services. This information may include the following:

(i) Office information, such as name, address, telephone number and credit card acceptability.

(ii) Earned degrees and state or provincial licensures or certifications.

(iii) Professional association member status.

(iv) Description of practice.

(4) Licensees shall not use names that could mislead the public concerning the identity, responsibility, source or status of those practicing under that name, and shall not hold themselves out as being partners or associates of a firm if they are not partners or associates of the firm.

(5) Licensees shall not use any professional identification, such as a business card, office sign, letterhead, internet, or telephone or association

directory listing, if it includes a statement or claim that is false, fraudulent, misleading or deceptive.

(6) In representing their educational qualifications, licensees shall list and claim only those earned degrees from institutions accredited by regional accreditation sources recognized by the United States Department of Education, from institutions recognized by states or provinces that license or certify the licensee, or from equivalent foreign institutions.

(7) The licensee shall correct, whenever possible, false, misleading or inaccurate information and representations made by others concerning the licensee's qualifications, services or products.

(8) Licensees shall make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading or deceptive.

(9) Licensees shall not represent themselves as providing specialized services unless they have the required education, training or supervised experience.

CHAPTER 48. STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND
FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS ---
LICENSURE OF PROFESSIONAL COUNSELORS

* * * * *

CODE OF ETHICAL PRACTICE AND

STANDARDS OF PROFESSIONAL CONDUCT

§ 49.70. Code of ethical practice and professional conduct.

(a) This code of ethical practice and professional conduct constitutes the standards by which the professional conduct of licensed professional counselors will be measured.

(1) This code of ethical practice and professional conduct shall apply to the conduct of all licensees.

(2) A violation of this code of ethical practice and professional conduct constitutes unprofessional conduct and subjects the licensed professional counselor to disciplinary action under section 11 of the act (63 P.S. § 1911).

(3) The Board subscribes to the codes of ethics and practice standards for licensees promulgated by the National Board for Certified Counselors, Inc., the Commission on Rehabilitation Counselor Certification, the Certification Board for Music Therapists, the Art Therapists Certification Board, the American Dance Therapy Association, the National Association for Drama Therapy, the Academy of Certified Clinical Mental Health Counselors, the North American Association of Master's in Psychology, the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse Inc. and the National Association of Alcoholism and Drug Abuse Counselors, and the Board will use these codes and standards as aids in resolving ambiguities which may arise in the

interpretation of this section, except that whenever any conflict exists between this section and the professional associations' codes and standards, this section shall prevail.

(b) Responsibility to clients/patients.

(1) Competency.

(i) Licensees shall not misrepresent directly, indirectly or by implication their professional qualifications such as education, specialized training, experience, or area or areas of competence.

(ii) Licensees may practice only within the competency areas for which they are qualified by education, training or experience.

(iii) Licensees shall maintain appropriate standards of care. The appropriate standard of care is defined as what an ordinary, reasonable professional with similar training would have done in a similar circumstance.

(iv) Licensees must make appropriate referrals when the client's/patient's needs exceed the licensee's competence level. The referrals must be made in a timely manner.

(2) Informed consent.

(i) Licensees shall inform clients/patients in writing of the extent and nature of services available to them, as well as the limits, rights, opportunities and obligations associated with the services to be provided which might effect the clients'/patients' decisions to enter into or continue the relationship.

(ii) Licensees shall provide services to clients/patients only in the context of a professional relationship based on valid informed consent. Licensees shall use clear and understandable language to inform clients/patients of the purposes of services, limits to the services due to legal requirements, relevant costs, reasonable alternatives, the clients'/patients' rights to refuse or withdraw consent and the time frame covered by the consent.

(iii) In instances where the client/patient is unable to read or understand the consent document or has trouble understanding the primary language contained in the informed consent document, licensees must take steps to ensure the client's/patient's comprehension including providing a detailed verbal explanation or arranging for a qualified interpreter or translator, as needed. If a client/patient is not competent to provide informed consent because of age or mental condition, the licensee shall obtain consent from the client's/patient's parent, guardian or court-appointed representative.

(iv) When a client/patient is receiving services involuntarily, licensees shall provide information about the nature and extent of the services and about the client's/patient's rights to the client's/patient's parent, guardian or court appointed representative.

(v) Licensees who provide services via electronic means shall inform the clients/patients of the limitations and risks associated with such services.

(3) Delegation. A licensee shall not delegate professional responsibilities to another person when the licensee delegating the responsibilities knows or has reason to know that the other person is not qualified by training, experience or licensure to perform those responsibilities.

(4) Confidentiality and Privacy

(i) Licensees shall have a primary obligation to protect the client's/patient's right to confidentiality and privacy as established by law and the professional standards of practice. Confidential and private information shall only be revealed to others when the client/patient or other person legally authorized to give consent on behalf of the client/patient, has given informed consent, except in those circumstances in which failure to do so would violate other laws or result in clear and present danger to the client/patient or others. Unless specifically contraindicated by such situations, a client/patient shall be informed and written consent shall be obtained before the confidential and private information is revealed.

(ii) Licensees shall discuss with clients/patients and the client's/patient's legally authorized representatives, the nature of confidentiality and the limitation of clients'/patients' right to confidentiality. Licensees shall review with clients/patients circumstances when confidential information may be requested and when disclosure of confidential information is legally required. This discussion should occur

as soon as possible in the professional relationship and as needed throughout the course of the relationship.

(iii) When licensees provide services to families, couples or groups, licensees should seek agreement among the parties involved concerning each individual's right to confidentiality and obligations to preserve the confidentiality of information shared by others. Licensees shall inform participants in family, group or couples counseling that the licensee cannot guarantee that all participants will honor such agreements. In the context of couple, family or group treatment, the licensee may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

(iv) Licensees shall take reasonable steps to protect the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology.

(5) *Termination.* Licensees shall terminate services only after giving careful consideration to factors affecting the relationship and making effort to minimize possible adverse effects. If an interruption or termination of services is anticipated, reasonable notification and appropriate referral for continued services shall be provided to the client/patient.

(6) *Sexual harassment.*

(i) Licensees shall not sexually harass clients/patients or family members of clients/patients.

(ii) Licensees shall not sexually harass supervisees, students, trainees, employees, research subjects or colleagues.

(iii) Sexual harassment includes unwanted sexual advances, sexual solicitation, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature.

(7) *Discrimination.* Licensees shall not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, ethnicity, religion, national origin, color, gender, sexual orientation, age, socio-economic level, marital status, political belief, veteran status, or mental or physical impairment.

(8) *Conduct with clients.*

(i) Licensees shall not physically or verbally abuse or threaten clients/patients or family members of clients/patients.

(ii) Licensees shall not use derogatory language in their written or verbal communications to or about clients/patients. Licensees shall use accurate and respectful language in all communications to and about clients/patients.

(c) *Dual or multiple relationships affecting the licensee's judgment.*

(1) A licensee shall avoid dual or multiple relationships and conflicts of interest with any client/patient which could impair the licensee's professional judgment or increase the risk of client/patient exploitation. Dual or multiple

relationships occur when the licensee relates to clients/patients in more than one relationship, whether professional, social or business. Dual or multiple relationships can occur simultaneously or consecutively. The licensee shall not undertake or continue a professional relationship with a client/patient, supervisee or student when the objectivity or competency of the licensee is, or could reasonably be expected to be, impaired or where the relationship with the client/patient, supervisee or student is exploitative. The licensee should be particularly aware that familial, social, emotional, financial, supervisory, political, administrative and legal relationships with a client/patient or a person related to or associated with the client/patient must be carefully considered to insure that impaired judgment or exploitation is not involved.

(2) Licensees must always be sensitive to the potentially harmful effects of other contacts on their practice and on those persons with whom they deal. A licensee shall refrain from entering into, or promising another to enter into, personal, scientific, professional or other relationships with other persons if it appears or should appear likely that the relationship might reasonably impair the licensee's objectivity or otherwise interfere with the licensee's effectiveness as a licensed professional counselor or might harm or exploit the other party.

(3) When a dual or multiple relationship cannot be avoided, licensees shall take reasonable professional precautions, such as informed consent, consultation, supervision and documentation, to ensure that judgment is not impaired and that no exploitation occurs.

(4) If a licensee finds that, due to unforeseen factors, a potentially harmful dual or multiple relationship has arisen with a client/patient, the licensee shall attempt to resolve it with due regard for the best interests of the client/patient and maximum compliance with the act and this chapter.

(5) When a licensee provides services to two or more people who have a relationship with each other, such as couples or family members, the licensee shall clarify with all parties which individuals will be considered clients/patients and the nature of the licensee's professional obligation to the various individuals who are receiving services. A licensee who anticipates a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles, such as a licensee who is asked or ordered to testify in a child custody dispute or divorce proceeding involving clients, shall clarify the roles with the parties involved and take appropriate action to minimize any conflict of interest.

(d) *Impaired practice.* A licensee shall not undertake or continue a professional relationship with a client/patient, supervisee or student when the objectivity or competency of the licensee is, or could reasonably be expected to be, impaired due to mental, emotional, physiological, pharmacological or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the licensee shall terminate the professional relationship in an appropriate manner and shall, either himself or through an appropriate designee, notify the client/patient of the termination in writing and shall assist the client/patient in obtaining services from another professional.

(e) *Research and publication.*

(1) Research responsibilities.

(i) Use of human subjects. Licensees shall plan, design, conduct and report research in a manner consistent with pertinent ethical principles, Federal and State laws, host institutional rules, and scientific standards governing research with human subjects. Licensees shall conduct research that reflects cultural sensitivity appropriateness.

(ii) Deviation from standard practice. Licensees shall seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.

(iii) Precautions to avoid injury. Licensees who conduct research with human subjects are responsible for the subjects' welfare throughout the experiment and shall take reasonable precautions to avoid causing injurious psychological, physical or social effects to their subjects. Licensees shall warn subjects of any possible harm that might come from being involved in a research project.

(iv) Principal researcher responsibility. The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.

(v) Minimal interference. Licensees shall take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research.

(vi) Diversity. Licensees shall be sensitive to diversity and research issues with special populations and shall seek consultation when a reasonable researcher would consider it appropriate.

(2) Informed consent.

(i) Topics disclosed. In obtaining informed consent for research, licensees shall use language that is understandable to research participants and that:

(A) Accurately explains the purpose and procedures to be followed.

(B) Identifies any procedures that are experimental or relatively untried.

(C) Describes the attendant discomforts and risks.

(D) Describes the benefits or changes in individuals or organizations that might be reasonably expected.

(E) Discloses appropriate alternative procedures that would be advantageous for the subject.

(F) Offers to answer any inquiries concerning the procedures.

(G) Instructs that subjects are free to withdraw their consent and discontinue participation in the project at any time.

(ii) Prohibition of Deception. The methodological requirements of research study shall not include concealment, deception or minimal risk to participants.

(iii) Voluntary participation. Licensees shall assure that participation in research is voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation. A research procedure must not be used if it is likely to cause serious or lasting harm to a participant. Ethical practice requires the investigator to respect the individual's freedom to decline to participate in, or withdraw from, research and to so inform prospective participants. The obligation to protect this freedom requires special vigilance when a licensee is, in any manner, in a position of authority over the participant. It is unethical to penalize a participant in any way for withdrawing from or refusing to participate in a research project.

(iv) Confidentiality of information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants by the licensee as part of the procedure for obtaining informed consent.

(v) Persons incapable of giving informed consent. When a person is not capable of giving informed consent, licensees provide an appropriate explanation, obtain agreement for participation and obtain informed consent from a legally authorized person.

(vi) Commitments to participants. Licensees shall take reasonable measures to honor all commitments to research participants.

(vii) Explanations after data collections. After data are collected, licensees shall provide participants with full clarifications of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, licensees shall take reasonable measures to avoid causing harm.

(viii) Agreements to cooperate. Licensees who agree to cooperate with another individual in research or publication shall cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

(ix) Informed consent for sponsors. In the pursuit of research, licensees shall give sponsors, institutions and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Licensees must be aware of their obligation to future research workers and shall ensure that host institutions are given feedback information and proper acknowledgment.

(3) Reporting results.

(i) Information affecting outcome. When reporting research results, licensees shall explicitly mention all variables and conditions known to the licensee that may have affected the outcome of a study or the interpretation of the data.

(ii) Accurate results. Licensees shall plan, conduct and report research accurately and in a manner that minimizes the possibility that results will be misleading and shall provide thorough discussions of the limitations of their data and alternative hypotheses. Licensees may not engage in fraudulent research, distort data, misrepresent data or deliberately bias their results.

(iii) Obligation to report unfavorable results. Licensees shall communicate to other licensees the results of any research judged to be of professional value.

(iv) Identity of subjects. Licensees who supply data, aid in the research of another person, report research results or make original data available shall take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise.

(v) Replication studies. Licensees shall make available sufficient original research data to qualified professionals who may wish to replicate the study.

(4) Publication.

(i) Recognition of others. When conducting and reporting research, licensees shall be familiar with, and give recognition to, previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

(ii) Contributors. Licensees shall give credit through joint authorship, acknowledgement, footnote statements or other appropriate

means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor shall be listed first and minor technical or professional contributions may be acknowledged in notes or introductory statements.

(iii) Student research. For an article that is substantially based on a student's dissertation or thesis, the student shall be listed as the principal author.

(iv) Duplicate submission. Licensees shall submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in a journal or published work may not be submitted for publication to another journal without acknowledgment and permission from the previous publication.

(v) Professional review. Licensees who review material submitted for publication, research or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it.

(f) Payment for services.

(1) When setting fees, licensees shall ensure that the fees are fair, reasonable and commensurate with the services performed.

(2) Licensees shall not accept goods or services as payment for professional services.

(3) Licensees shall make financial arrangements with clients/patients, third-party payors and supervisees that are reasonably understandable and conform to accepted professional practices.

(4) Prior to entering into the therapeutic or supervisory relationship, a licensee should clearly disclose and explain to clients/patients and supervisees the following:

(i) All financial arrangements and fees related to professional services, including charges for canceled or missed appointments.

(ii) The use of collection agencies or legal measures for nonpayment.

(iii) The procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor.

(5) Once services have begun, licensees shall provide reasonable notice of any changes in fees or other charges.

(6) Licensees shall give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, licensees shall not disclose clinical information.

(7) Licensees shall represent facts truthfully to clients, third-party payors and supervisees regarding services rendered.

(8) Licensees shall not withhold records under their immediate control that are requested and needed for a client's/patient's treatment solely because payment has not been received for past services, except as otherwise provided by law.

(g) Record keeping.

(1) For each client/patient, a licensee shall keep records of the dates of professional counseling services, types of professional counseling services, termination and billing information.

(2) Records kept by the licensee shall be retained for 5 years from the date of the last entry. Records held or owned by government agencies or educational institutions are not subject to this requirement.

(3) Licensees shall take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(4) Licensees shall include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(5) Licensees' documentation should protect clients'/patients' privacy to the extent that it is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(6) Licensees shall store records following termination of services to ensure reasonable future access. Records shall be maintained as required by paragraph (2) unless a longer retention period is otherwise required by statute or relevant contracts.

(7) Licensees shall provide a client/patient with reasonable access to records concerning the client/patient. Licensees who are concerned that clients'/patients' access to their records could cause serious misunderstanding or harm to the client/patient should provide assistance in interpreting the records and consultation with the client/patient regarding the records. Licensees should limit

clients'/patients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client/patient. Both the clients'/patients' requests and the rationale for withholding some or all of the records shall be documented in the clients'/patients' files. When providing clients/patients with access to their records, licensees shall take steps to protect the confidentiality of other individuals identified or discussed in such records.

(8) In the event of the licensee moving from the area or closing the licensee's practice, a licensee shall arrange for the storage, transfer or disposal of client/patient records in ways that maintain confidentiality and safeguard the welfare of clients/patients.

(h) *Mandatory reporting.*

(1) All licensees, supervisors and trainees have a responsibility to report any alleged violations of the act or this chapter to the Board. If a licensee has knowledge or reason to suspect that a colleague or other licensee is incompetent, impaired or unethical, the licensee shall report that practitioner to the Board.

(2) Licensees shall comply with all mandatory reporting requirements set forth in this chapter, including §§ 49.51-49.57 (related to child abuse reporting requirements).

(i) *Notice of name and address change.* A licensee shall notify the Board within 30 days of any changes of name or mailing information to ensure that the Board has the licensee's current name and mailing address. Failure to do so may result in disciplinary action by the Board.

(j) Advertising.

(1) Licensees shall engage in appropriate informational activities, including those that enable the public, referral sources or others to choose professional services on an informed basis.

(2) Licensees shall accurately represent their competencies, education, training and experience relevant to their professional practice.

(3) Licensees shall ensure that advertisements and publications in any media, such as directories, announcements, business cards, newspapers, radio, television, internet and facsimiles, convey information that is necessary for the public to make an appropriate selection of professional services. This information may include the following:

(i) Office information, such as name, address, telephone number and credit card acceptability.

(ii) Earned degrees and state or provincial licensures or certifications.

(iii) Professional association member status.

(iv) Description of practice.

(4) Licensees shall not use names that could mislead the public concerning the identity, responsibility, source and status of those practicing under that name, and shall not hold themselves out as being partners or associates of a firm if they are not partners or associates of the firm.

(5) Licensees shall not use any professional identification, such as a business card, office sign, letterhead, internet, or telephone or association

directory listing, if it includes a statement or claim that is false, fraudulent, misleading or deceptive.

(6) In representing their educational qualifications, licensees shall list and claim only those earned degrees from institutions accredited by regional accreditation sources recognized by the United States Department of Education, from institutions recognized by states or provinces that license or certify the licensee, or from equivalent foreign institutions.

(7) The licensee shall correct, whenever possible, false, misleading or inaccurate information and representations made by others concerning the licensee's qualifications, services or products.

(8) Licensees shall make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading or deceptive.

(9) Licensees shall not represent themselves as providing specialized services unless they have the required education, training or supervised experience.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

DATE: March 4, 2005

SUBJECT: Proposed Rulemaking
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
16A-6911: Standards of Professional Conduct

TO: Andrew C. Clark, Deputy General Counsel
Office of General Counsel

FROM: Beth Sender Michlovitz, Counsel
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors

BSM

There are no significant legal and policy issues presented by this proposed regulation, which would amend the Board's regulations at 49 Pa. Code, Chapters 47, 48 and 49 (relating to standards of professional practice and conduct for licensed social workers, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors.

I certify that I have reviewed this regulation for form and legality, that I have discussed any legal and policy issues with the administrative officers responsible for the program, and that all information contained in the Preamble and Annex is correct and accurate.

BSM



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY
THERAPISTS AND PROFESSIONAL COUNSELORS**
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-1389

June 4, 2008

The Honorable Arthur Coccodrilli, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harrisstown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Social Workers, Marriage and Family Therapists
and Professional Counselors
16A-6911: Code of Ethical Practice and Standards of Professional Conduct

Dear Chairman Coccodrilli

Enclosed is a copy of a proposed rulemaking package of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors pertaining to Code of Ethical Practice and Standards of Professional Conduct.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael DeStefano".

Michael DeStefano, Chairperson
State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors

MD/BSM:rs

Enclosure

cc: Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs

Albert H. Masland, Chief Counsel

Department of State

Joyce McKeever, Deputy Chief Counsel

Department of State

Cynthia Montgomery, Regulatory Counsel & Senior Counsel in Charge

Department of State

Beth Sender Michlovitz, Counsel

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-6911
 SUBJECT: CODE OF ETHICAL PRACTICE AND STANDARDS FOR PROFESSIONAL CONDUCT
 AGENCY: DEPARTMENT OF STATE-STATE BOARD OF SOCIAL WORKERS, MARRIAGE
 AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

TYPE OF REGULATION

- Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
 - a. With Revisions
 - b. Without Revisions

INDEPENDENT REGULATORY
REVIEW COMMISSION

2008 JUN -4 AM 11: 21

RECEIVED

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
<u>6/4/08</u>	<u><i>Allyson Bar</i></u>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE MAJORITY CHAIRMAN <u><i>Mike Sturla</i></u>
<u>6/4/08</u>	<u><i>Mary Walmer</i></u>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE MAJORITY CHAIRMAN <u><i>Robert M. Yonelson</i></u>
<u>6/4/08</u>	<u><i>Kathy Cooper</i></u>	INDEPENDENT REGULATORY REVIEW COMMISSION
<u><i>BUF</i></u>	<u>6/6/08</u>	ATTORNEY GENERAL (for Final Omitted only)
		LEGISLATIVE REFERENCE BUREAU (for Proposed only)